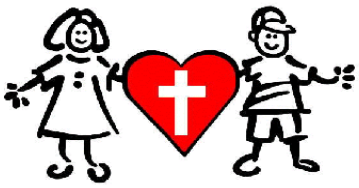

Trinity Lutheran Preschool
Registration Form 2012-13

2194 SE Minter Bridge Road. Hillsboro, Oregon 97123
Phone: 503-846-1319
Email: preschool@trinityhillsboro.com

Office Use Only
Date received:_____
Check #_____
Check Amount:_____

Please complete this form and return it to the church office. Your $75. ($25 for Young 3's class) non-refundable registration fee must accompany your application in order to hold a spot in the class. Monthly tuition for the Young 3's class is $110; 3's class is $110; 4's class is $140.

Class :
- ❑ 3 year old class (Tues./Thurs. 9 - 11:30 a.m.)
- ❑ 4 year old class (Mon.-Wed.-Fri. 9 - 11:30 a.m.)
- ❑ Young 3 year old class (Tues./Thurs. 12:30– 3:00 p.m.)
- ❑ 3 year old class (Tues./Thurs. 12:30 -3:00 p.m.)
- ❑ 4 year old class (Mon.-Wed.-Fri. 12:30 - 3:00 p.m.)

CHILD INFORMATION

Name of child: _____Date of Birth_____/_____/_____ Male/Female
(First) (Middle) (Last) (month day year)

Child's name to be called (i.e., Mike or Michael):_____

Address: _____
(Street) (City) (Zip)

Phone Number: _____ Email Address:_____

PARENT INFORMATION

Name of Mother: _____

Occupation: _____

Employer: _____

Work Phone: _____

Address if different than child's: _____

_____

Name of Father: _____

Occupation: _____

Employer: _____

Work Phone:_____

Address if different than child's: _____

_____

FAMILY INFORMATION

Other children in family: _____ _____ _____ _____
name age name age

_____ _____ _____ _____
name age name age

Home church_____ ❑ I would like information about Trinity Lutheran Church

EMERGENCY INFORMATION *(to be used only if parents cannot be reached)*

Name and relationship: _____Phone:_____

Child's Physician: _____Phone: _____

I give my permission for medical assistance to be administered to my child whenever such care is needed (i.e. first-aid cream, bandages, etc). If a medical emergency should occur, I understand that I and/or my child's doctor would be called. I also pledge my support of the Preschool Ministry provided by Trinity Lutheran Church and accept our financial responsibility and pledge to pay the fees and tuition.

_____ _____
Signature of Parent/Guardian Date